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Atty. Docket No. COR20 P-400

CERTIFICATE OF MAILING

I hereby certify that this paper, together with all enclosures identified herein, are being deposited with the United States Postal Service as first class mail, addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on the date indicated below.

July 16, 2003

Date

Cara L. Chlebek

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner : Kevin S. Wood
Applicant : Marc G. Brun et al.
Appln. No. : 09/945,314
Filing Date : August 31, 2001
Confirmation No. : 2724
For : PRECISION FIBER FERRULES

RECEIVED

JUL 24 2003

Technology Center 2600

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

Enclosed is an Amendment in response to the Office Action dated January 16, 2003. The items checked below are appropriate:

X Applicants hereby petition for a three-month extension of time to respond to the above Office Action. The fee of \$930 for the Extension is enclosed.

Any fee for additional claims has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	* 44	Minus	** 49	= 0	x \$9	\$ 00	x \$ 18	\$ 00
Independent Claims	* 4	Minus	*** 5	= 0	x \$42	\$ 00	x \$ 84	\$ 00
First Presentation of Multiple Dependent Claims \$140						\$ 00	x \$280	\$ 00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 00		\$ 00

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Applicant : Marc G. Brun et al.
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Page : 2

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3
- ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
- The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

___ Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.

___ No additional fee is required.

___ A fee of _____ to cover the cost of the additional claims added by this response is enclosed.

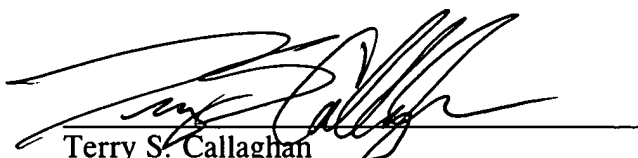
X A fee of \$930 to cover Petition for Extension of Time is enclosed.

X A check in the amount of \$930 is enclosed to cover the above fees.

X Please charge any additional fees or credit overpayment to Deposit Account 16 2463. A duplicate copy of this sheet is attached.

PRICE, HENEVELD, COOPER,
DEWITT & LITTON

7-16-2003
Date


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TSC/clc

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